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Bib Data Sheet

CONFIRMATION NO. 3839

<b>SERIAL NUMBER</b> 10/526,386	<b>FILING OR 371(c) DATE</b> 02/28/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> CHAV3.0- 032PCT/US
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**APPLICANTS**

Leonard Mackles, New York, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/28272 09/10/2003  
 which is a CON of 10/253,273 09/23/2002 PAT 6,844,817  
 and is a CON of 10/406,869 04/04/2003  
 which is a CIP of 10/253,073 09/23/2002 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 101 46 657.9 09/21/2001

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

47375

**TITLE**

Dri nasal sprays

<b>FILING FEE RECEIVED</b> 400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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